DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 20. CALIFORNIA VETERINARY MEDICAL BOARD

INITIAL STATEMENT OF REASONS

Record Keeping; Records; Contents; Transfer

HEARING DATE: No hearing has been scheduled for the proposed action

SUBJECT MATTER OF PROPOSED REGULATIONS: Record Keeping; Records; Contents; Transfer

SECTIONS AFFECTED: Amend section 2032.3 of article 4 of division 20 of title 16 of the California Code of Regulations (CCR)[1].

BACKGROUND AND STATEMENT OF THE PROBLEM

The California Veterinary Medical Board (Board) licenses, regulates, and investigates complaints against five different license categories in California, totaling approximately 48,000 licensees. These licensing categories include veterinary premises, veterinarians, university veterinarians, registered veterinary technicians (RVTs), and veterinary assistant controlled substance permit (VACSP or permit) holders. It is the Board's duty to enforce and administer the California Veterinary Medicine Practice Act (Chapter 11 (commencing with section 4800) of Division 2 of the Business and Professions Code (BPC) (Practice Act). The Board is authorized to establish reasonably necessary regulations for the enforcement of the Practice Act (BPC section 4808).

Beginning in May 2023, the Board's Multidisciplinary Advisory Committee (MDC) worked with industry stakeholders, such as the California Veterinary Medical Association (CVMA), the California Horse Racing Board (CHRB), and the University of California, Davis, School of Veterinary Medicine to address concerns raised regarding record keeping requirements for veterinarians.

During discussions, it was determined that equine practitioners find it difficult to comply with CCR section 2032.3. The stakeholders felt that the language in the regulation was geared more towards small animal medicine, where cases involve individual patients. In equine and production animal medicine, the medical approach is often treating multiple animals (herd health medicine) at the same time, at the same location, and with the same diagnosis and treatment. It was also determined that the regulation was too prescriptive. CVMA also recommended that the medical records should be in a more logical order such that a veterinarian could follow with the SOAP (Subjective, Objective, Assessment, and Plan) format for recording patient medical encounters and record documentation, which is taught in the majority of veterinary schools.

[1] All CCR references are to title 16 unless otherwise noted

After multiple in-person and virtual meetings with stakeholders throughout 2023, the MDC drafted a regulatory proposal that was provided to the CVMA and CHRB and discussed by the MDC and Board. Through discussions, it was also determined that a legislative proposal would be required prior to amending the regulation. In 2024, the Board continued to work with stakeholders to address concerns with the proposals and additional revisions to the proposals were made. The Board ultimately approved the final proposals at it July 24, 2024 meeting.

The legislative amendments that correspond with this regulatory proposal amended BPC sections 4826.6 and 4855 and were included in the Board's Sunset Bill, Assembly Bill (AB) 1502. [Berman, Chapter 195, Statutes of 2025], which was approved by Governor Gavin Newsom on October 1, 2025. These amendments became effective January 1, 2026.

The amendment to BPC section 4826.6 added the requirement that veterinarians providing telehealth services must keep, maintain**, and make available a *copy* or summary** of the animal patient's record, consistent with BPC section 4855. Previously, telehealth obligations focused on being familiar with local medical resources and providing clients with nearby in-person veterinary options. The added language clarifies that telehealth practitioners must also be prepared to furnish not just a summary but an actual ***copy*** of the patient record upon request, strengthening record access requirements and aligning telehealth duties with the broader veterinary record keeping standards.

BPC section 4855, as amended, currently requires veterinarians to maintain written records for every animal treated and to provide copies to a client or authorized agent within five days of any verbal or written request. When an animal is in critical condition or being directly transferred for further care, the veterinarian must, upon releasing the animal, either provide the record or a summary, or, if the written record is not yet available, relay essential medical information to the receiving veterinarian or to the client to ensure continuity of care. The Board is responsible for setting the minimum required contents of these records and determining how long veterinary premises must retain them.

BPC section 4856 requires veterinarians to make all legally mandated records - including treatment, diagnosis, and drug-related records - available for inspection by the Board during routine inspections or complaint-driven investigations, and to provide copies immediately upon request. It also authorizes the Board to inspect equipment and drugs at any location where veterinary practice occurs or where such items are kept for professional use. Additionally, the licensee manager of a registered veterinary premises must ensure that any veterinarian can access the records related to the services they personally provided.

The existing regulation - CCR section 2032.3 - requires veterinarians to create and maintain a legible written or electronic medical record for every animal they treat, including detailed identifying information, medical history, examination findings,

diagnoses, treatments, medications, surgical details, progress notes, and disposition. These records must be kept for at least three years, and a summary must be provided to the client within five days - or sooner in critical cases. The regulation also governs the handling of radiographs and laboratory data, which belong to the facility that ordered them but must be released when properly requested, with required identifiers and documentation of transfers. Additionally, when a patient is released from emergency care, the client must receive a copy of essential medical information, including exam findings, medications administered, diagnostic results, radiographs, surgical summaries, diagnoses, prognosis, and follow-up instructions.

This regulatory proposal addresses stakeholder concerns regarding record keeping requirements and would amend CCR section 2032.3 to:

- Clearly define two sets of requirements for records – single animal patient records and group of animal patient records;
- Change the logical order of the required information that makes up an animal patient record to follow a SOAP (Subjective, Objective, Assessment, and Plan) format for recording patient medical encounters and medical record documentation, which is taught in the majority of veterinary schools; and
- Make record keeping requirements less prescriptive and allow veterinarians, in their professional judgment and in accordance with generally accepted standards for practice in the community, the flexibility to add other types of information besides the Board-mandated content.

ANTICIPATED BENEFITS FROM THIS REGULATORY ACTION

This regulatory proposal will benefit veterinarians and the health, safety, and welfare of California consumers/clients and their pets. The Board anticipates support from veterinary professionals, as the proposed changes would improve and clarify record keeping requirements.

More specifically, this regulatory proposal addresses stakeholder concerns and would have the following benefits: clearer record keeping requirements for single animal patient records versus group of animal patients records; a change to the logical order of the required information that makes up an animal patient record (to follow a SOAP format); and, would make record keeping requirements less prescriptive and more flexible.

The proposed regulations are not expected to benefit worker safety or the state's environment.

SPECIFIC PURPOSE OF, AND RATIONALE FOR, EACH ADOPTION, AMENDMENT, OR REPEAL

Amend § 2032.3.
Record Keeping; Record; Contents; Transfer.

Amend § 2032.3 Subsection (a)

Purpose: Existing language in this subsection states that a record "shall contain the following information" and provides a list of categories that must be covered in every case. To address concerns about the prescriptive nature of current regulations, the Board is proposing to strike the word "following" and add language to denote that these standards are, "at a minimum", the content standards for records. This would allow veterinarians, in their professional judgment and in accordance with generally accepted standards for practice in the community, the flexibility to add other types of information besides the Board-mandated content set forth in CCR section 2032.3. This subsection would also add language specifying that records shall be kept according to the new requirements set forth in paragraphs (1) and (2) of subsection (b) (relating to "single patient record" requirements and "group record" requirements).

Rationale: These changes are necessary to address concerns raised by stakeholders that current requirements are too prescriptive, do not follow generally accepted SOAP format practices, and do not reflect the differing approaches for record documentation in current practice when veterinary services at an appointment are to be provided to more than a single animal patient.

Adopt new § 2032.3 Subsection (b)

Purpose: This is a new subsection that introduces the concept of requiring two types of records, one for a single animal patient care and one for care of a group of patients, depending on the veterinary services requested by the client or their authorized agent. To implement these new record keeping categories, the Board proposes adding language to this subsection to require records be generated, as applicable (individual versus group) and "according to whether veterinary services are being provided to a single animal patient or a group of animal patients as authorized verbally or in writing by the client or their authorized agent."

Rationale: These changes are necessary to set minimum standards consistent with current practice standards in the profession for creating records and according to the service requested by the client. These changes are also necessary to ensure that the proposal is consistent with the Board's informed consent and disclosure requirements under BPC section 4857, which limits responsibility for authorization of services and disclosure of patient medical information to "the client responsible for the animal patient receiving services or their authorized representative."

Adopt new § 2032.3 Subsection (b)(1)

Purpose: This is a new subsection that provides a new heading entitled "Single Patient Record" and includes an introductory phrase that precedes a list of items that specify what the minimum content for a single animal patient would consist of (as set forth in newly added and renumbered items listed in (b)(1)(A)-(N)).

Rationale: These changes are necessary to specify that these are the minimum recommended standards for a single animal patient record and what would be needed, at a minimum, to provide an accurate health history and accounting of the veterinary services provided as specified in (b)(1)(A)-(N).

§ 2032.3 Subsection (b)(1)(A)

This subsection relates to existing regulation that sets a requirement for "Dates (beginning and ending) of custody of the animal." There is no change proposed except for renumbering.

§ 2032.3 Subsection (b)(1)(B)

Purpose: This provision is new and requests the name(s) of the individual(s) who are providing veterinary services to the animal patient.

Rationale: This change is necessary to ensure consumers and the Board are notified about the care provided to the animal patient and are able to follow up with questions or concerns to the responsible party about any care or treatment that was provided. This new item is necessary because the current requirement in subsection (b)(1)(N) only requires recording of the person responsible for entries (which is important for verifying record keeping compliance). However, this is problematic from a disclosure and compliance perspective, since the person that is making the entries into the records may not be the individual(s) that are providing the care to the patient(s).

§ 2032.3 Subsection (b)(1)(C)

Purpose/Rationale: This subsection relates to existing regulation that sets a requirement for "Name, address, and phone number of the client." There is change to the renumbering and adding, if applicable, the name, address, and phone number of "the client's authorized agent."

Repeal § 2032.3 Subsection (a)(3)

Purpose: This would strike a provision that is no longer necessary.

Rationale: This provision is no longer necessary since "name" is currently covered by new subsection (b)(1)(D) and identity of "herd or flock" requirements will be moved to the new group record requirements in (b)(2)(D).

§ 2032.3 Subsection (b)(1)(D)

Purpose/Rationale: Consistent with the aforementioned policy objectives, this subsection revises the old subsection (a)(4) and makes it more specific to requirements more commonly found in single animal patient records by adding references to "patient identifying information" including "name" to the existing requirements proposed to be retained (age, sex, breed, species and color). It also removes the reference to "herd or flock" for the reasons mentioned previously.

§ 2032.3 Subsection (b)(1)(E)

Purpose: This subsection is reworded to add a new content requirement to include "the reason the patient is presenting for veterinary services and history relative to the reason for the visit."

Rationale: This is necessary to reflect the sequence of what happens in developing a diagnosis (or tentative diagnosis.) and set minimum standards for recording this in the record of the patient. It is the "subjective" part of the SOAP system and widely understood in practice. It replaces the old subsection (a)(6).

§ 2032.3 Subsection (b)(1)(F)

Purpose: This subsection would be revised to add new requirements for documenting physical examination findings, laboratory testing, diagnostic imaging, and necropsy.

Rationale: This is necessary to reflect the objective part of the SOAP system and to set minimum standards for recording objective data relative to the patient encounter in the record of the patient. It replaces the old subsection (a)(7).

§ 2032.3 Subsection (b)(1)(G)

Purpose: This subsection is new and would add the requirements of including "interpretation of examination findings and any information obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy." This would essentially ask for the interpretation of the findings in subsection (b)(1)(F). This is the "assessment" part of the SOAP system, where the veterinarian documents their impression of the patient's condition.

Rationale: This is necessary to ensure that this be a minimum standard for this type of patient record. The MDC felt this to be an important part of the record, especially if there is need for follow-up care by another veterinarian. It is critical to understand what interpretations were made from the data that went into developing the treatment plan.

§ 2032.3 Subsection (b)(1)(H)

Purpose: This proposal would revise existing subsection (a)(10) to require inclusion of a "presumptive diagnosis or diagnosis, if made."

Rationale: Current regulations require a diagnosis or assessment prior to performing a treatment or procedure. However, in practice, such diagnoses are not always made in every case. This proposed change is therefore necessary to make clear that recording of a diagnosis or presumptive diagnosis (commonly understood as a hypothesis based on symptoms, signs and previous experience of the patient) is only necessary if there is a presumptive diagnosis or a diagnosis made. In some cases, such as prophylactic care of an individual patient, a diagnosis is not needed.

§ 2032.3 Subsection (b)(1)(I)

Purpose/Rationale: This subsection would be moved and renumbered from current subsections (a)(8) and (a)(12) and revised to strike the reference to "and intended treatment plan" as redundant (since all plans include intentions) and would include "any of the following" list that would precede the list in subparagraphs (b)(I)(i)-(iii).

§ 2032.3 Subsection (b)(1)(I)(i)-(iii)

Purpose: This subparagraph would be added to include new requirements for recording "treatments, including application of therapies or devices administered and prescribed," and for medications "administered, including strength" to existing requirements for recording all medications prescribed and dispensed.

Rationale: This is necessary to set minimum standards for recording the "plan" (consistent with the "plan" standards of the SOAP system) that includes the veterinarian's plan for treatment or management of the patient's condition based on the assessment (as discussed above under subsection (b)(1)(G)) that includes these criteria. These changes also helps ensure accuracy and the completeness of recommendations as documented in the medical record of the patient.

§ 2032.3 Subsection (b)(1)(J)

Purpose: This proposal would restate the old subsection (a)(11) requirement of recording "any prognosis of the animal's condition" but would remove the phrase "if relevant" with "if made".

Rationale: Understanding that a prognosis is not always given in every case, this proposal would add the words "if made." However, the Board believes that consumers have a right and an interest in receiving an accurate record of any prognosis "if made." The words "if relevant" are removed as vague and as a possible impediment to consumers receiving complete information about the state of their animal's health and possible future outcomes.

§ 2032.3 Subsection (b)(1)(K)

Purpose: This subsection would add new recording requirements for animals that are housed or retained for treatment including "the beginning and ending dates of custody of the animal patient and [daily] update on the animal patient's medical condition relative

to the treatment plan, and would remove the words “progress, if relevant, and disposition of the case” from existing regulations (currently at (a)(13)).

Rationale: It is the Board’s understanding that if an animal is housed or retained for treatment, the standard of care requires that there must be an entry in the medical record made daily to update the patient’s health progress in the patient’s treatment plan. This does not mean a complete physical exam or disposition of the case each day. However if there is a change to the treatment plan because of a change in the progress of the patient, there must be a more detailed explanation as to the medical status and the need for the change of the treatment plan. This change is therefore necessary to ensure that medical records contain updates on the patient’s progress and medical condition “relative to the treatment plan.”

§ 2032.3 Subsection (b)(1)(L)

Purpose: This change would renumber existing subsection (a)(9), make grammatical changes, delete the word “sedative”, add a requirement to document any “preanesthetic” medication and add the word “dosage.”

Rationale: By removing the word “sedative” and adding any “pre-anesthetic” before the words “anesthetic agents,” the Board is updating to reflect current standard of practice and terminology. “Dosage” is also necessary to be more accurate in the description of the administration of the anesthetics.

§ 2032.3 Subsection (b)(1)(M)

Purpose: This is a new provision and requires an entry of “any veterinary services or treatment declined by the client or their authorized agent.”

Rationale: This requirement is necessary to ensure the completeness of the record and documentation of consumer consent to care or treatment. This entry is very important in the instances where the client is declining recommendations by the veterinarian, as it satisfies documentation of the spectrum of care.

§ 2032.3 Subsection (b)(1)(N)

Purpose: This change would retain and renumber existing requirements for “Name or initials of the person responsible for entries.”

Rationale: See the explanation in “Rationale” in subsection (b)(1)(B).

Adopt new § 2032.3 Subsection (b)(2)

Purpose: This is a new subsection that includes addition of the title “Group Record,” and would define the circumstances when a group record would be required to be prepared (same species are treated at the same time, for the same purpose, and at the same location). It would also include an introductory phrase that prescribes what the

minimum content requirements for a group medical record (at proposed newly added subsections (b)(2)(A)-(J)).

Rationale: See the explanation in "Rationale" in subsection (b)(1) for the overall policy objectives in creating this new category of record keeping requirements. To ensure consistency and accuracy in the record for animals served under commonly understood criteria, the Board recommends defining a "group" to include animals of the same species who are treated at the same time, for the same purpose, and at the same location.

§ 2032.3 Subsection (b)(2)(A), (B), (C), (E), (G), (H)(i)-(iii), (I), and (J)

Purpose/Rationale: These are the same record requirements that are in the "Single Patient Record" section being applied to the "group record" requirements for the reasons described previously.

§ 2032.3 Subsection (b)(2)(D)

Purpose: This proposal would add a new record requirement to include a recording requirement for "name or identity of the group, including group location and species."

Rationale: This change is necessary to establish a method for identifying groups that is unique to the group served (i.e., "name or identify of the group, group location and species)." This helps avoid errors in the documentation of and the provision of care to animal patient groups.

§ 2032.3 Subsection (b)(2)(F)(i)

Purpose: This proposal would add records requirements for "group examination findings and data" (as opposed to the "physical examination findings set forth in the single patient records requirements noted previously), and that any data obtained by instrumentation, laboratory testing, diagnostic imaging, and necropsy, must be recorded in the record.

Rationale: In group or herd medicine, much of the work is prophylactic treatment. In those cases, a physical examination of each animal or even of one animal is not performed. The client or their agent is responsible for advising the veterinarian on the health status of the group of animals. As a result, the Board believes it is necessary that the existing regulations be revised to only include "group examination findings and data" as specified in this proposal for a group medical record, consistent with current professional standards.

§ 2032.3 Subsection (b)(2)(F)(ii)

Purpose: This proposal adds that if data in Subsection (b)(2)(F)(ii) is obtained as specified, then the interpretation of that data must be included in the record.

Rationale: This is necessary to reflect the objective part of the SOAP system and to set minimum standards for recording objective data relative to the group animal patients encounters in the group record.

§ 2032.3 Subsection (b)(2)(H)(iv)

Purpose: This change would add a new requirement to document withdrawal times for meat, milk, or egg products (normally required to be done prior to going into the food chain).

Rationale: In production animal medicine, there is a withholding period for every medication that is administered or dispensed. It is the responsibility of the licensee to advise the producer to keep meat, milk, or egg products from entering the food supply until after the withholding time for each medication. This requirement is therefore necessary to verify that this standard was met.

§ 2032.3 Subsection (c)

Purpose: This proposal would add "single patient and group [records]" to existing subsection (b), so that the provisions that follow pertain to what should be included in a summary for *both* single patient and group records. The proposal would also remove the current requirement for maintaining records for 3 years "after the animal's last visit" to "from the date of the last medical entry into the record". In addition, the second sentence regarding a summary of a record being made available to a client within five (5) days or sooner and addressing urgent circumstances is being struck, as that is now addressed under BPC section 4855.

Rationale: As explained previously, the proposal would restructure the regulation to define two clear sets of requirements for records – for single animal patient records (subsection (b)(1)) and for group of animal patient records (subsection (b)(2). Existing subsection (b) would become subsection (c) and would be amended to specify what should be included in a summary for *both* single patient and group records.

§ 2032.3 Subsections (c)(1)-(6)

Purpose/Rationale: Existing provisions regarding what should be included in a summary of records would be amended to have language conform with the proposed changes to new subsections (b)(1)(C)-(K) and new subsections (b)(2)(C)-(H).

§ 2032.3 Subsection (d)

Purpose: This proposal would revise existing subsection (c)(1) by removing the last two sentences in the paragraph relating to transfer of radiographs between veterinary facilities and documentation of such transfer and correct the naming convention of "veterinary facility" to "veterinary premises" consistent with BPC section 4853.

Rationale: The last two sentences are removed because they are no longer relevant to current practice. Digital radiographs can be easily transferred to another veterinarian via the internet and therefore such “ownership” transfer no longer needs to be documented.

§ 2032.3 Subsection (e)

This proposal would retain requirements in existing subsection (c)(2) relating to identifying criteria for radiographs and renumber to (e).

§ 2032.3 Subsection (e)(1)

Purpose/Rationale: The proposal would retain this existing requirement for name of premise and veterinarian name and change the term “hospital or clinic” to “veterinary premises” to be consistent with the rest of the Act.

§ 2032.3 Subsection (e)(2), (3), and (4)

This proposal would retain requirements in existing subsections (c)(2)(B)-(D) regarding client, patient and date radiographs were taken and renumber.

§ 2032.3 Subsection (f)

This proposal would retain requirements in existing subsection (c)(3) regarding non-digital intraoral radiographs except for renumbering and correction of cross-references as a result of that renumbering.

§ 2032.3 Subsections (d), (e), (e)(1)-(7)

Purpose/Rationale: These provisions would be removed because the requirements for the provision of copies, ownership of the record, records content were considered to be substantively covered by the changes proposed in both subsections (a), (b)(1), (b)(2) and (c) and any requirements for record delivery in the event of an emergency (animal is in critical condition) covered by subsection (c) as well.

Adopt new § 2032.3 Subsection (g)

Purpose: This new provision exempts RVTs, when acting under veterinarian supervision to establish a veterinarian-client-patient relationship and administer preventive or parasite-control treatments, from the full record keeping requirements of CCR section 2032.3. Instead, they must follow the focused documentation standards in BPC section 4826.7, which are appropriately tailored to their limited, protocol-based role.

Rationale: Comprehensive record keeping under CCR section 2032.3 is designed for full-scope veterinary practice. Applying it to RVTs performing narrowly defined tasks like vaccination and parasite control is unnecessary and burdensome. Since BPC section 4826.7 already ensures proper oversight, client history review, and

emergency protocols, this exemption streamlines operations while maintaining accountability and safeguarding animal welfare.

UNDERLYING DATA

- October 17, 2023 MDC Meeting Agenda, Relevant Materials, and Minutes
- October 18-19, 2023 Board Meeting Agenda, Relevant Materials, and Minutes
- January 16, 2024 MDC Meeting Agenda, Relevant Materials, and Minutes
- April 17-19, 2024 Board Meeting Agenda, Relevant Materials, and Minutes
- July 23, 2024 MDC Meeting Agenda, Relevant Materials, and Minutes
- July 24-25, 2024 Board Meeting Agenda, Relevant Materials, and Minutes

BUSINESS IMPACT ESTIMATES

The Board has made the initial determination that the proposed regulatory action will not have a significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

The initial determination is based on the following facts:

The Board has determined that this regulatory proposal will not have any impact on the creation of jobs or new businesses, the elimination of jobs or existing businesses, or the expansion of businesses in the State of California.

This regulatory proposal would: have the regulation clearly differentiate record keeping requirements for a single animal patient versus a group of animal patients; change the order of the required information that makes up a medical record to a more logical order following a SOAP format; and, make record keeping requirements less prescriptive and more flexible for veterinarians.

Any workload and costs to comply with the regulations are anticipated to be completed and incurred within normal business operations.

ECONOMIC IMPACT ASSESSMENT

The Board has determined that this regulatory proposal:

- Will not create or eliminate jobs within the State of California because it only pertains to improving and clarifying record keeping requirements for veterinarians.
- Will not create new businesses or eliminate existing businesses within the State of California because it only pertains to improving and clarifying record keeping requirements for veterinarians.
- Will not affect the expansion of businesses currently doing business within the State of California because it only pertains to improving and clarifying record keeping requirements for veterinarians.

- The regulatory proposal benefits the health and welfare of California residents and their animals because it improves and clarifies record keeping requirements for veterinarians.
- Does not involve worker safety or describe benefits consistent with anticipated benefits section.
- Does not involve the environment or describe benefits consistent with anticipated benefits section.

The regulatory proposal will benefit veterinarians and the health, safety, and welfare of California consumers/clients and their pets by providing the following benefits: clearer record keeping requirements for single animal patient records versus group of animal patients records; a change to the logical order of the required information that makes up an animal patient record (to follow a SOAP format); and, would make record keeping requirements less prescriptive and more flexible. The proposed regulations are not expected to benefit worker safety or the state's environment.

Any workload and costs to comply with the regulations are anticipated to be completed and incurred within normal business operations.

SPECIFIC TECHNOLOGIES OR EQUIPMENT

This regulatory proposal does not mandate the use of specific technologies or equipment.

CONSIDERATION OF ALTERNATIVES

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

No such alternatives have been proposed; however, the Board welcomes comments from the public.

Description of reasonable alternatives to the regulation that would lessen any adverse impact on small business:

No such alternatives have been proposed; however, the Board welcomes comments from the public.